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PTO/SB/21 (09-06)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|   |                      |                        |                  |
|---|----------------------|------------------------|------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/022,631             |                  |
|   | Filing Date          | December 17, 2001      |                  |
|   | First Named Inventor | Maurits W. GEERLINGS   |                  |
|   | Art Unit             | 1641                   |                  |
|   | Examiner Name        | L. Y. B. Lum           |                  |
| Total Number of Pages in This Submission  | 7                    | Attorney Docket Number | 1000780.00120US1 |

**ENCLOSURES (Check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |  |  |

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | WILMER CUTLER PICKERING HALE AND DORR LLP |          |        |
| Signature    |   |          |        |
| Printed name | Stanley D. Liang, Ph.D.                   |          |        |
| Date         | March 26, 2007                            | Reg. No. | 43,753 |

Express Mail Label No. EV 901253663US Dated: March 26, 2007



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| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | <b>Complete if Known</b> |                      |                  |
|   |  | Application Number       | 10/022,631           |                  |
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Filing Date              | December 17, 2001    |                  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27           |  | First Named Inventor     | Maurits W. GEERLINGS |                  |
|   |  | Examiner Name            | L. Y. B. Lum         |                  |
| TOTAL AMOUNT OF PAYMENT   |  | Art Unit                 | 1641                 |                  |
| (\$)  |  | 510.00                   | Attorney Docket No.  | 1000780.00120US1 |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify):  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 08-0219   |
| Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |             |                       |  |                       |                           |                       |                |
|---|-------------|-----------------------|--|-----------------------|---------------------------|-----------------------|----------------|
| <b>FEE CALCULATION</b>  |             |                       |  |                       |                           |                       |                |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |  |                       |                           |                       |                |
| Application Type  | FILING FEES |                       | SEARCH FEES                                      |                       | EXAMINATION FEES          |                       | Fees Paid (\$) |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)   | Small Entity Fee (\$) | Fee (\$)                  | Small Entity Fee (\$) |                |
| Utility   | 300         | 150                   | 500  | 250                   | 200                       | 100                   |                |
| Design  | 200         | 100                   | 100  | 50                    | 130                       | 65                    |                |
| Plant   | 200         | 100                   | 300  | 150                   | 160                       | 80                    |                |
| Reissue   | 300         | 150                   | 500  | 250                   | 600                       | 300                   |                |
| Provisional   | 200         | 100                   | 0  | 0                     | 0                         | 0                     |                |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |  |                       |                           |                       |                |
|   |             |                       |  |                       |                           | Small Entity Fee (\$) | Fee (\$)       |
| Each claim over 20 (including Reissues)   |             |                       |  |                       |                           | 50                    | 25             |
| Each independent claim over 3 (including Reissues)  |             |                       |  |                       |                           | 200                   | 100            |
| Multiple dependent claims   |             |                       |  |                       |                           | 360                   | 180            |
| Total Claims  |             | Extra Claims          | Fee (\$)   | Fee Paid (\$)         | Multiple Dependent Claims |                       |                |
| - =   |             | x                     | =  |                       | Fee (\$)                  |                       | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20.   |             |                       |  |                       |                           |                       |                |
| Indep. Claims   |             | Extra Claims          | Fee (\$)   | Fee Paid (\$)         |                           |                       |                |
| - =   |             | x                     | =  |                       |                           |                       |                |
| HP = highest number of independent claims paid for, if greater than 3.  |             |                       |  |                       |                           |                       |                |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |  |                       |                           |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |  |                       |                           |                       |                |
| Total Sheets  |             | Extra Sheets          | Number of each additional 50 or fraction thereof |                       | Fee (\$)                  | Fee Paid (\$)         |                |
| - 100 =   |             | /50                   | (round up to a whole number) x                   |                       | =                         |                       |                |
| <b>4. OTHER FEE(S)</b>  |             |                       |  |                       |                           |                       |                |
| Non-English Specification, \$130 fee (no small entity discount)   |             |                       |  |                       |                           | Fees Paid (\$)        |                |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month   |             |                       |  |                       |                           | 510.00                |                |

|                     |                         |                                   |                |
|---------------------|-------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                         |                                   |                |
| Signature           |                         | Registration No. (Attorney/Agent) | 43,753         |
| Name (Print/Type)   | Stanley D. Liang, Ph.D. | Telephone                         | (212) 230-8800 |
|                     |                         | Date                              | March 26, 2007 |

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